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ABSTRACT

An examination of the word-finding problems and nonverbal communication in the conversations of three aphasic patients revealed three different patterns of communicative strategies and success in different kinds of activities, such as tests and conversation. One, with mainly a parietal lesion, hesitates often with turn-keeping gestures and stops to rephrase in conversation, but has few problems in a naming test. The second, with a lesion affecting the insula and arcuate fasciculus, has fluent speech in conversation, with some word-finding problems but adequate verbal and nonverbal communication. This person has great difficulty in naming and nonverbal tests. The third, with a temporal-parietal lesion, relies heavily on illustrating nonverbal communication and is successful in conversation and spontaneous narration. The third patient, however, experiences little success in naming or in producing isolated gestures or facial expressions. It is suggested that the type of activity must be considered in estimating the degree and type of aphasic symptoms in a patient, because the type of aphasia and demands of the activity seem to interact in determining the communicative strategies or patterns shown by different aphasics. (MSE)

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COMMUNICATION STRATEGIES IN APHASIA

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1. WHY STUDY APHASICS IN CONVERSATION? - SOME PROBLEMS AND WAYS OF DEALING WITH THEM

Linguistic studies of aphasia have traditionally been focusing on specific details as parts of the communicative ability, studying these details mainly in a test setting. Therefore we lack information about the behaviour of aphasics in conversation. This, of course, can be dealt with by doing more studies of the same factors which have been studied in tests, but in a conversation setting. We can ask questions like "What is the correlation of the difficulties found in tests and in conversations?", "What additional knowledge can we obtain by conversation studies?" and "How can this knowledge be used?".

There are great problems concerning which methods to use to be able to handle conversation data in the best way for studying aphasia as well as many other phenomena. These problems tend to have a discouraging effect on those who wish to study such data, using "established" methods, since such methods are still very rare. The design and tentative application of new methods involves time-consuming and cumbersome work, which nevertheless will have to be done. New technical means for this kind of studies are available in video- and audio-recording facilities for obtaining data and in computer programs for doing analyses. But technical aids are not enough. There is also a need of an increased knowledge and more comprehensive theories in the field of conversation analysis. One has to consider which factors might influence behaviour in conversations (cf. Allwood 1984) and how this might happen and investigate these factors systematically.

Through studies of aphasics in conversation we will gain more knowledge a) of aphasia, b) of how the brain works and c) of how communication works. Some relevant questions are: "What happens to communication in different situations for aphasics?", "Why do specific patterns of behaviour show up?", "What possibilities and limitations are there in communication-systems in terms of available means of expression?", "How are these means affected by different types of aphasia and by different situations?" etc. The answers to these questions will eventually have to be

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related to acceptable explanations in terms of neuropsychological and neurophysiological theories and these two kinds of theories will have to be adjusted to one another. The parts of new information which will be gained by doing conversation studies can be integrated with what is known about communication and brain damage into a better overall picture.

Today there is a bias in research about aphasia, like in many other fields, favouring an atomistic view and giving specific types of knowledge. If the issues mentioned above are dealt with one can also apply a more holistic view to supplement this knowledge.

The practical/therapeutic need for more knowledge about aphasics in conversation is obvious, since the major goal in aphasia rehabilitation is to diagnose and treat the patient's ability to communicate in everyday life activities. It would be an important help in clinical work to be able to use conversation data for prediction of a patient's difficulties, for planning his/her training and giving information to people in the hospital and to the patient's family and others, in a systematic way.

2. ACTIVITY INFLUENCE ON COMMUNICATIVE ABILITIES IN SOME APHASICS

In some studies made in the research project "Aphasia and spoken interaction" (Dept. of Linguistics, Univ. of Göteborg, Sweden) the lack of correlation between test and conversation performances was striking. Ten aphasics were videorecorded in conversations, telling narratives and performing specific tests (a naming test and a test of nonverbal communication) (see Ahlsén 1985).

The correlations of "noticeable word finding problems", concerning nouns, verbs and adjectives in the three different activities were extremely low (0.5 for test-conversation and 0.37 for narration-conversation, using the Spearman rank correlation coefficient). This is not really surprising, since both what the patient is doing and what the "analyzer" is noticing differs quite a lot between the activities. It is, however, important to remember, since results from naming tests are very often used in order to predict if a patient is going to have word finding problems in conversation, and this seems to be very misleading. There is a general tendency for the aphasics in the study to have less noticeable word finding problems in conversations than in tests, but this does not seem to be generalizable to all patients. There are also great differences in the amount of word finding problems in narration between different patients.

In a study of how much nonverbal communication was used (see Ahlsén 1985), it was found that all the aphasics, except two patients with large frontal lobe lesions, used considerably more nonverbal communication in conversations than nonaphasic persons in similar conversations. Two of the patients, who both used extremely great amounts of nonverbal communication in conversations, did, however, have problems performing a simple test, where they were supposed to show conventionalized gestures and facial expressions for "illustrating" words or phrases. The difficulties were caused mainly by apraxia and perseveration in both patients and this "interference" of additional symptoms would, if such a test was used for prediction of "use of nonverbal communication" in general, have caused misleading conclusions also here.

3. SOME CASE STUDY DATA AS EXAMPLES

Conversation and test results, concerning word finding problems and nonverbal communication, for three patients will be discussed. Examples from conversation are given for each patient below.

(T = therapist, P = patient,
// = pause of 3 seconds or more
<> = scope of nonverbal communication (in left column)
<> = description of nonverbal communication (in right column)
[= overlap between patient's speech and therapist's speech
CAPITAL LETTERS = emphatic stress)

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Patient A.

VERBAL:	NONVERBAL:
T: when you came home do you remember	
P: [that	
[eeeh < >	<shakes head, chin in hand>
yes //	
T: do <you live> [in a house then	<hand forwards>
[eeh I <yes>	<nods>
and // yes // <eh> // last year <eh> //	<hand forwards><hand forwards>
<for> // yes <three months>	<hand forwards>
T: <mm>	<nods>
P: for //	
T: three months ago or	
P: <three months ago last year> < > eh	<hand forwards in steps, three fingers forwards><hand forwards>
// < > yes //	<sighs, hand to nose>
T: you are on <last year>	<nods>
P: <yes>	<nods>
T: is it in <the autumn>	<nods>
P: <yes> // <August November November>	<nods><counts on her fingers>
<NOVEMBER>	<shows fourth finger>
T: <mhm>	<nods>
P: noo <yes>	<waves hand back and forth>

Patient B.

VERBAL:	NONVERBAL:
P: you are < > you are so	<laughs>
T: were you down for months and so	
P: I yes	
T: <yes>	<nods>
P: <yes>	<smiles>
T: you were <yes>	<nods>
P: <yes> boresome	<nods, smiles>
T: <yes>	<nods>
P: < > aah <but it's like that>	<makes smacking sound> <shakes her head>
T: aah	
P: all finished < >	<hangs head down, tongue out>
T: <yes>	<nods>
P: so	
T: sure you are [very tired	
P: [<so that is so>	<nods>
but now <it is not so bad>	<nods>
that's lycky < >	<smacks, turns head to side>
T: noo	
P: yes we hope < >	<sticks out tongue>

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Patient C.

VERBAL:	NONVERBAL:
T: he's been <doing> that for long	<hand up>
P: <yes> three four years you see	<nods>
now I him < >	<gets up, moves forwards with large movements of arms and legs>
T: yes < >	<laughs>
P: < >	<continues the same movements>
T: that's him yes < >	<laughs>
P: so there we have HIM you see	
<not ME> but HIM he is good	<points to T>
T: < > <yes you too I think>	<laughs><points to P>
P: <not ME HIM>	<raises forefinger>
T: <I can see where he got it from>	<laughs>
P: <yes yes> that's sure <yes>	<nods><nods>
T: I wonder if it isn't so	
P: yes yes yes < >	<strokes his moustache>

Patient A. (with mainly a parietal lesion) has a hesitant way of speaking in conversation, making many pauses with turn keeping gestures. She often stops and rephrases what she has started out to say. This gives the impression of frequent word finding problems and quite effortful conversation. This patient, however, has very few problems in a naming test, although her conversation gives an "anomic" impression. This means that her test results could not predict the number of noticeable word finding problems in conversation.

Patient B. (with a lesion affecting the insula and the arcuate fasciculus) has quite "fluent" speech in conversation. She has some word finding problems, but keeps the conversation going by using verbal as well as nonverbal communication of feelings and interaction regulating communication. The conversation of this patient sometimes gives quite a "normal" impression. In a naming test, however, she is totally unable to find any of the specific target words. In this case, the naming test could give the impression that it would be hard or impossible for the patient to take part in a conversation. The nonverbal communication test also gives the impression of great difficulties for this patient, since she shows apraxia as well as perseveration in the test activity, whereas she uses a great deal of adequate nonverbal communication in conversation.

Patient C. (with a temporal-parietal lesion) shows a third kind of communicative pattern in conversation, relying heavily on the use of illustrating nonverbal communication. This "strategy" is quite successful in conversation and spontaneous

narration, but cannot be used successfully in more specified test activities. In the naming test nonverbal communication is not accepted. The patient finds it very difficult to produce isolated gestures or facial expressions in the nonverbal communication test, although he can perform pantomime sequences including the same expressions and uses them often in spontaneous conversation.

These three patients all show clear discrepancies in their communicative strategies and in the success of these strategies between different kinds of activities, i.e. test and conversation. This shows that the type of activity has to be considered, when one tries to estimate the degree and type of aphasic symptoms in a patient. The type of aphasia and the demands of the activity seem to interact in determining the communicative strategies or patterns shown by different aphasics.

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